

STATE OF UTAH INVESTIGATING OFFICER'S REPORT OF TRAFFIC ACCIDENT															Page _____ of _____	
T I M E	MONTH DAY YEAR			DAY OF WEEK		1 2 3 4 5 6 7 M T W T F S S		MILITARY TIME		CASE NUMBER		15				
	PLACE WHERE ACCIDENT OCCURRED: COUNTY _____ CITY OR TOWN _____										FOR AGENCY USE			16		
2	Accident was outside city limits Indicate distance from city limits or nearest town, _____ MILES NORTH S E W of _____ CITY OR TOWN										D.I.D. USE ONLY			17		
	ROAD ON WHICH ACCIDENT OCCURRED: _____ RAMP NO. _____ GIVE NAME OF STREET OR HIGHWAY NUMBER INTERSECTION TYPE _____													18		
L O C A T I O N	1. AT ITS INTERSECTION WITH _____										STATE/LOCAL			19		
	2. IF NOT AT INTERSECTION _____ FEET NORTH S E W of _____ NEAREST INTERSECTION, STREET, HOUSE NO. LANDMARK TERMINAL OF A MILE _____ OF MILE POST BE SURE TO COMPLETE IF ROAD HAS MILE POST													20		
3	VEHICLE YEAR MAKE MODEL BODY STYLE/TYPE CODE VEHICLE COLOR G.V.W.R. DESC. OF CARGO CODE COMMERCIAL VEHICLE (Reg 12,000 lbs. or more) INTERSTATE <input type="checkbox"/> INTRASTATE <input type="checkbox"/>													21		
	VEHICLE IDENTIFICATION NUMBER DISPOSITION OF VEHICLE NO. OF AXLES (INCLUDE ALL TRAILERS) DIR OF TRAVEL													22		
4	US DOT ICC MC LICENSE PLATE INFO YEAR MONTH STATE NUMBER PARTS DAMAGED 3 6 5 0 7 U T S										COST OF REPAIR			23		
	OWNER FIRST INITIAL LAST * STREET, CITY, STATE, ZIP, PHONE NO. PHONE ()													24		
5	OPERATOR FIRST INITIAL LAST STREET, CITY, STATE, ZIP, PHONE NO. PHONE ()													25		
	CARRIER FIRST INITIAL LAST STREET, CITY, STATE, ZIP, PHONE NO. PHONE ()													26		
6	DRIVER FIRST INITIAL LAST STREET, CITY, STATE, ZIP, PHONE NO. PHONE ()													27		
	DRIVERS LICENSE STATE NUMBER DATE OF BIRTH MONTH DAY YEAR AGE SEX SAFE EQUIP TYPE INJURY CAUTION ELECTRONIC THROUGH WHAT AREA EJECTED?													28		
7	DRIVERS EDUCATION 1. PUBLIC 3. NONE 4. UNKN YEARS DRIVE EXP. LICENSE CLASS ENDORSEMENT RESTRICTIONS													29		
	INSURANCE COMPANY EFFECTIVE DATE EXPIRATION DATE POLICY NUMBER													30		
8	INSURANCE APPEARS VALID YES <input type="checkbox"/> NO <input type="checkbox"/> AGENCY THAT SOLD POLICY ADDRESS PHONE ()													31		
	VEHICLE YEAR MAKE MODEL BODY STYLE/TYPE CODE VEHICLE COLOR G.V.W.R. DESC. OF CARGO CODE COMMERCIAL VEHICLE (Reg 12,000 lbs. or more) INTERSTATE <input type="checkbox"/> INTRASTATE <input type="checkbox"/>													32		
9	VEHICLE IDENTIFICATION NUMBER DISPOSITION OF VEHICLE NO. OF AXLES (INCLUDING ALL TRAILERS) DIR OF TRAVEL													33		
	US DOT ICC MC LICENSE PLATE INFO YEAR MONTH STATE NUMBER PARTS DAMAGED 3 6 5 0 7 U T S										COST OF REPAIR			34		
10	OWNER FIRST INITIAL LAST * STREET, CITY, STATE, ZIP, PHONE NO. PHONE ()													35		
	OPERATOR FIRST INITIAL LAST STREET, CITY, STATE, ZIP, PHONE NO. PHONE ()													36		
11	CARRIER FIRST INITIAL LAST STREET, CITY, STATE, ZIP, PHONE NO. PHONE ()													37		
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O C C U P A N T S	INSURANCE COMPANY EFFECTIVE DATE EXPIRATION DATE POLICY NUMBER													41		
	INSURANCE APPEARS VALID YES <input type="checkbox"/> NO <input type="checkbox"/> AGENCY THAT SOLD POLICY ADDRESS PHONE ()													42		
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